MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(05049)

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chaptico
LENGTH OF STAY (in this place): 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Alton
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) ELICABETH (Middle) SABINA (Last) BLACKLOCK

4. DATE OF DEATH: (Month) MAY (Day) 16 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/25/75

9. AGE last birthday: 73 ~~74~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James F. Matthews

14. MOTHER'S MAIDEN NAME: Victoria Dent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Julia B. Wills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.0	Immediate cause	(a) Arteio-Sclerotic Heart Disease	2 years
	Antecedent cause(s)	Cardiac Failure	10 days
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteio-Sclerosis	Unknown
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1949, to May 16, 1949, that I last saw the deceased alive on May 16, 1949, and that death occurred at 11 15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John N. Griffin, M.D.	Hughesville, Md.	5/17/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/18/49	St. Ignatius	Bel Alton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/18/49	Julia A. Posey	Hewett & Ryon	Waldorf Md.

VS. A15

RECEIVED
MAY 19 1949
BUREAU V. S.

05050

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) Lee (Last) Bond

4. DATE OF DEATH (Month) 5 (Day) 27 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 3-1-1888
9. AGE last birthday 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Martha Hutching

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT John H. Bond.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
444	Immediate cause	(a) Uremic Coma	16 Hrs
	Antecedent cause(s)		
61	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tubular Nephritis Hypertension & Diabetes Mellitus	6 mos
		(c) Hypertension Diabetes Mellitus	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1939, to 5-27, 1949 that I last saw the deceased alive on 5-27, 1949, and that death occurred at 10 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Francis F. Greenwell ADDRESS Leonardtown Md DATE SIGNED 5-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 5/30/49 NAME OF CEMETERY OR CREMATORY St Francis LOCATION (City, town, or county) New Town Neck (State) Md.

DATE REC'D BY LOCAL REG. 5/29/49 REGISTRAR'S SIGNATURE Calvalier
24. FUNERAL DIRECTOR P. B. Robinson ADDRESS Leonardtown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1949
BUREAU V. S.

05051

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge, (rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bertie (Middle) Eliza (Last) Bradburn				4. DATE OF DEATH (Month) 5/ (Day) 4 / (Year) 1949	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 1/7/1869	9. AGE last birthday 80 yrs.	If under 1 year Months. Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME William E. Sisson		14. MOTHER'S MAIDEN NAME Bertie Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Clarence D. Bradburn			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Cardio-Renal Disease

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to May 4, 1949 that I last saw the deceased alive on May 1, 1949 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P. J. Bean	MD	Great Mills, Md.	5/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5/7/49	NAME OF CEMETERY OR CREMATORY Trinity	LOCATION (City, town, or county) St. Marys City (State) Md.
DATE REC'D BY LOCAL REG. 5/6/49	REGISTRAR'S SIGNATURE Camalier	24. FUNERAL DIRECTOR P.B.Robinson	ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 7 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05052

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Scotland; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Scotland, Md.; STREET ADDRESS (If rural give location) Fresh Pond Neck

3. NAME OF DECEASED (Type or Print): (First) Bertie (Middle) Sisson (Last) Bradburn

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 7, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Scotland Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Sisson

14. MOTHER'S MAIDEN NAME: Mary E Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Spencer Wilkinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) General Arteriosclerosis — Interval Between Onset and Death: 10 years

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1949, to May 4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. J. Beany M.D. ADDRESS Great Mills Md DATE SIGNED 5-5-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE May 7, 1949; NAME OF CEMETERY OR CREMATORY Trinity Cemetery; LOCATION (City, town, or county) (State) St. Mary's City, Md

DATE REC'D BY LOCAL REG. May 5-49; REGISTRAR'S SIGNATURE pg Beany M.D.; 24. FUNERAL DIRECTOR Robinson Funeral Home; ADDRESS Leonardtown Md

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MAY 9 1949
BUREAU V. S.

05053

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY: St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) Dominic (Last) Butler

4. DATE OF DEATH: (Month) 5/ (Day) 7/ (Year) 1949

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/6/1890

9. AGE last birthday: 58 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: painter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Dominic Butler

14. MOTHER'S MAIDEN NAME: Susie Ann Blackiston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Anzalia Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C.V. disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Apr, 1949, to 9 May, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: J Roy Gruyther (Degree or title) — ADDRESS: Mechanicsville — DATE SIGNED: 9 May 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/10/49 — NAME OF CEMETERY OR CREMATORY: St. Aloysius (old) — LOCATION (City, town, or county): Leonardtown (State): Md.

DATE REC'D BY LOCAL REG.: 5/10/49 — REGISTRAR'S SIGNATURE: Carmalis

24. FUNERAL DIRECTOR: P.B.Robinson — ADDRESS: Leonardtown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05054

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: St. Marys
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Washington (Last) Hebb

4. DATE OF DEATH: (Month) 5/19 (Day) /49 (Year) 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/9/1892

9. AGE last birthday: 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Alexander Hebb

14. MOTHER'S MAIDEN NAME: Angelica Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mabel L. Abell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 30 minutes

83a Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) General arteriosclerosis — 3 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to May 19, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 12.45 P m., from the causes and on the date stated above.

SIGNATURE: P J Bean MD (Degree or title)

ADDRESS: Great Mills Md

DATE SIGNED: 5/21/49

23. BURIAL, CREMATION, REMOVAL: Burial

DATE: 5/23/49

NAME OF CEMETERY OR CREMATORY: St. Johns

LOCATION (City, town, or county) (State): Hollywood, Md.

DATE REC'D BY LOCAL REG.: May 21/49

REGISTRAR'S SIGNATURE: P J Bean MD

24. FUNERAL DIRECTOR: P.B. Robinson

ADDRESS: Leonardtown, Md.

RECEIVED
MAY 25 1949
BUREAU V. S.

05055

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.G.D. #1 Holly Wood
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsville
STREET ADDRESS (If rural, give location) Holly wood Md

3. NAME OF DECEASED (Type or Print) (First) Raeford (Middle) Harld (Last) Helms
4. DATE OF DEATH (Month) May (Day) 8 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH April 24-1933
9. AGE last birthday 16 yrs. If under 1 year Months — Days 15 If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) ~~[illegible]~~ Va Harris
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edgar Helms
14. MOTHER'S MAIDEN NAME Maude Oldsman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Mr Edgar Helms

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Suffocation

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) accidentally stofed in too deep water

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH Drowning
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Colon Creek (CITY OR TOWN) near Hillsville (COUNTY) St Marys (STATE) Md
TIME OF INJURY (Month) 5 (Day) 8 (Year) 49 (Hour) 1200 am
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? while wading stofed in too deep water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Francis F Greenwell (Degree or title) M.D. Hyt Elms Ave. ADDRESS Leonardtown Md DATE SIGNED 5 9 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 10. 1949
NAME OF CEMETERY OR CREMATORY Harris Va
LOCATION (City, town, or county) Floyd Harris (State) Va
DATE REC'D BY LOCAL REG. 5/9/49
REGISTRAR'S SIGNATURE C Mcmullen
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05056

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St.Marys; CITY OR TOWN USNAS, Patuxent River, Maryland; LENGTH OF STAY in this place: 7 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dispensary, USNAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachusetts; COUNTY; CITY OR TOWN Dorchester; STREET ADDRESS (If rural give location) 935 Adams Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Paul	Higgins	May 24,1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	May 22,1920	29 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Naval Aviator

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Paul Higgins

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Present

16. SOCIAL SECURITY NO.: -

17. INFORMANT: U.S.Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) INJURIES, MULTIPLE, EXTREME — Interval Between Onset and Death: Immediate

860.8 173 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	-	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Chesapeake Bay adjacent to USNAS, Patuxent River, Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): May 24,1949 approx 9:30 p.m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Airplane crash.

22. I hereby certify that I attended the deceased from did not attend 19..... to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at airplane crash at about 9:30 p.m.(Estimated) m., from the causes and on the date stated above.

SIGNATURE Paul Vaughan (Degree or title) ADDRESS DATE SIGNED

PAUL VAUGHAN CAPTAIN MC USN, US Naval Air Station, Patuxent River, Maryland 7-11-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	7-15-49		Boston, Massachusetts

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/15/49	Carmalee	P.B. Robinson	Leonardtown Md.

RECEIVED
JUL 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05057

CERTIFICATE OF DEATH

Reg. Dist. No. 782

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crash in Chesapeake Bay; LENGTH OF STAY (in this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 mile from NAS, Patuxent River, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NAS, Patuxent River; STREET ADDRESS (If rural give location)
3. NAME OF DECEASED (Type or Print): (First) Alvin (Middle) Julius (Last) JENSEN	4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH: 6-23-20
9. AGE last birthday: 28 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Naval Aviator	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps
11. BIRTHPLACE (State or foreign country): South Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Ward C. Jensen	14. MOTHER'S MAIDEN NAME: Catherine Dortzbach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): At present	16. SOCIAL SECURITY No.: None
	17. INFORMANT: U.S. Navy Health record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, Multiple, Extreme — Instantaneous

8609 Antecedent cause(s) 173 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify): Accident	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) Chesapeake Bay, off NAS, Patuxent River, Md.	(COUNTY) (STATE)
TIME OF INJURY (Month) 5 (Day) 20 (Year) 49 (Hour) 2:05pm	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR? Aeroplane crash	

22. I hereby certify that I attended the deceased from Not attended, 19..., to ..., 19..., that I last saw the deceased alive on Not seen, 19..., and that death occurred at 2 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) PAUL VAUGHAN, CAPTAIN MC USN — ADDRESS Paul Vaughan — DATE SIGNED 6-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE 6-2-49	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) Arlington	(State) Va.
DATE REC'D BY LOCAL REG. 6/2/49	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR P. B. Robinson	ADDRESS	

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05058

CERTIFICATE OF DEATH

Reg. Dist. No. 287

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tall Timbers; LENGTH OF STAY (In this place) 7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TallTimbers; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Paul (Last) Lang

4. DATE OF DEATH: (Month) 5/ (Day) 11/ (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/28/1879

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: engineer

11. BIRTHPLACE (State or foreign country): Fort Wayne, Indiana

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 579-01-0803

17. INFORMANT: Florence S.Lang

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 9 weeks

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1949, to 5-/11, 1949, that I last saw the deceased alive on 5/11, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE E. X. Thompson (Degree or title) M.D. ADDRESS Lexington Park DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/14/49 — NAME OF CEMETERY OR CREMATORY: St. Georges — LOCATION (City, town, or county) (State): Valley Lee, Md.

DATE REC'D BY LOCAL REG. 5/13/49 — REGISTRAR'S SIGNATURE Canales

24. FUNERAL DIRECTOR: P.B.Robinson — ADDRESS: Leonardtown, Md.

RECEIVED
MAY 17 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05059

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (In this place) 11 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
STREET ADDRESS (If rural, give location) — — —

3. NAME OF DECEASED (Type or Print) (First) TURNER (Middle) J. (Last) Pilkerton
4. DATE OF DEATH (Month) May (Day) 2 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 4-1907
9. AGE last birthday 42 yrs. If under 1 year Months 3 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Workin garage
10b. KIND OF BUSINESS OR INDUSTRY Garage
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? W.S.

13. FATHER'S NAME William F. Pilkerton
14. MOTHER'S MAIDEN NAME Esther Galton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 217-03-7176
17. INFORMANT Mrs Mary L. Pilkerton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
824.5 Immediate cause	(a) Multiple extreme injuries	8 hours
170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 5/1/49
19b. MAJOR FINDINGS OF OPERATION Compound comminuted fracture Right leg.
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Clements (COUNTY) St. Marys (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 1 (Year) '49 (Hour) 8:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Jumped from truck while in motion

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Julian J. Dane (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 5/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 4-1949
NAME OF CEMETERY OR CREMATORY Sacard Heart
LOCATION (City, town, or county) Bush Wood (State) Md

DATE REC'D BY LOCAL REG. 5/3/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR W.C. Mattingley Son ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 5 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05060

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morganza Md
STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) ESTELLE (Last) PRICE

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 19 1890
9. AGE last birthday 58 yrs. If under 1 year: Months 7, Days 4; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER
10b. KIND OF BUSINESS OR INDUSTRY SAME
11. BIRTHPLACE (State or foreign country) Morganza Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John B. Price
14. MOTHER'S MAIDEN NAME Ann C. Key

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) NONE
16. SOCIAL SECURITY NO.
17. INFORMANT Alice M. Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute lymphatic leukemia	6 wks
204.0 Antecedent cause(s)		
74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 May, 1949, to 23 May, 1949, that I last saw the deceased alive on 23 May, 1949, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE Roy Guyther, M.D. (Degree or title) ADDRESS Mechanicsville, Md DATE SIGNED 24 May 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 27-1949
NAME OF CEMETERY OR CREMATORY St. Joseph
LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REG. 5/26/49
REGISTRAR'S SIGNATURE Carvalho
24. FUNERAL DIRECTOR Jos. C. Mattingley ~~Sons~~
ADDRESS Leonardtown Md.

RECEIVED
MAY 27 1949
BUREAU V. S.

05061

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 36 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) Leonardtown Md

3. NAME OF DECEASED (Type or Print) (First) Rosa (Middle) Victoria (Last) Wathen

4. DATE OF DEATH (Month) May (Day) 12 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 9 1876
9. AGE last birthday 72 yrs. If under 1 year Months 11 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY House Keeper
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Geo F. Wathen
14. MOTHER'S MAIDEN NAME Rosa Victoria Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Miss ~~Mamie~~ Alma Wathen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Inanition

157 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Pancreas

46g (c) Age

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1948, to May 12 1949, that I last saw the deceased alive on May 11, 1949, and that death occurred at 2.10 a.m., from the causes and on the date stated above.

SIGNATURE Francis F Greenwell (Degree or title) ADDRESS Leonardtown Md DATE SIGNED May 13-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 1949
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) Leonardtown (State) Md

DATE REC'D BY LOCAL REG. 5/13/49
REGISTRAR'S SIGNATURE Carmalia
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1949
BUREAU V. S.